

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
1008467

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2		5			
4			2			
5	8		5			
6	1					
7	0		0			
8	0		0			
9	7		7			
10						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			1			
TOTAL CLAIMS	18	12	18	12	18	12

TOTAL IND.			TOTAL DEP.		
TOTAL CLAIMS	18	12	18	12	18